

**Hudson High School
Physical Education Waiver**

Student: _____

Date: _____

Student ID: _____

Grade: _____

QUALIFYING ACTIVITIES (as of the 2020-21 school year)

- All students in officially sanctioned HCSD/OHSAA interscholastic sports including cheerleading (and sports participated at another school as a representative of HHS, when the sport is not offered at HHS)
- All students enrolled/receiving credit in the HHS Marching Band
- All students participating on the HHS Band Dancer Team
- All students participating in the HHS Show Choir, Vocal Impact

REQUIREMENTS

- Students must complete any combination of the above activities resulting in TWO full seasons of participation.
- Students may NOT combine one PE class and one season of approved activity.
- ALL activity fees must be paid in full prior to submitting the PE Waiver.

WORTH NOTING

- Once the student meets the requirements, and submits the PE Waiver Form for approval, the student will receive a PE exemption. NO CREDIT will be issued. Students are required to earn 21 credits for graduation.
- It is strongly recommended for students to complete the requirements for the PE waiver by the end of the junior year. Current seniors pursuing the PE waiver must be aware that an inability to compete in two full seasons of the qualifying sport/activity could result in not meeting the graduation requirement and jeopardize an on-time spring graduation.
- Students transferring into HHS must include verification of successful participation from the former school district in order to receive a PE exemption. It is the student's responsibility to obtain satisfactory verification from the previous Athletic Director.

Student Signature: _____

Date: _____

Parent Signature: _____

All extracurricular fees are paid in full ☐

Activity: _____ **Season:** _____ **Year:** _____

Activity: _____ **Season:** _____ **Year:** _____

***Please return this entire form to the HHS Athletic office (or Band or Choir Directors)**

Athletic Office/Band Director/Choir Director Use Only

_____ **Athletic/Participation Fees Paid**

_____ **Approved** _____ **Denied**

Authorized by: _____

Date: _____

Unit Principal Signature: _____ **School Counselor:** _____

Added 800998 to schedule. (Add date must be 2nd day of school for sem 1, or first day of new semester for sem 2): _____
Provided to Records Office _____